VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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- 1	1		1	1 1	20
				100	6 6

10768 CERTIFICATE OF DEATH

R	ea.	Dist.	No.	

							107	-	
1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLAN	2. USUAL RESIDENCE (V		ed. If institutions b. COUNTY		re admission	
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest fawn) Seliebury		c. LENGTH OF STAY IN 1		spury	limits, write RURA	L and give nec	orest tawn)	18
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, gi			d. STREET ADDRESS	Dover St	t .		e. IS RESIDE ON A FA	ARM?
3. NAME OF DECEASED (Type or print)	AVERY		Middle CARLTON	ADKINS	4. DATE OF DEATH	Month OCT.	10	th 19	P2.0
5. SEX Male	6. COLOR OR RACE	7. MARR	DIVORCED		.1909		UNDER I YEAR	Haurs	24 HRS. Min.
during most of wo	orking life, even if retired)		KIND OF BUSINESS OR IN	Co. R.D.# 3	Salisbury		12. CITIZEN C	U S A	DUNTRY
Unic				Annie M.					
15. WAS DECEASED EV (Yes, no. or unknown) Unk	/ER IN U. S. ARMED FORCE (III yes, give wor or dates of se		SOCIAL SECURITY NO.	Informant Iran R. Sallabury	Adkinst	Address (1fe)636	Dover ;	St.	
Canditions, If gave rise to couse (a), stating lying couse lost Part II. O	immediate g the under-	DITIONS C	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	WINAL DISEASE CO	ONDITION GIVEN	IN PART 1(a)	19. WAS AU	TOPSY IED?
G (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUI	RRED. (Enter nature of injury in	Port I or Port II o	8 item 18.)	1	YES N	101
ZOc. TIME OF INJU Hour a. st. p. m.	. 16	While	IJURY OCCURRED 20e. Not while of wark	PLACE OF INJURY IHome, for factory, street, office bldg., e	m. 20f. (City or t	own)	(County)		(Stote)
21. I certify to alive an	that I attended the	195		ath occurred at 3:30]	ADDRESS (Street,	e causes and city or town, state (Office	an the da	te stated	
220. BURIAL, CREMATI REMOVAL (Specific Buria)	ON, 226. DATE THEREON		22c. NAME OF CEMETERY WICOMICO M		22d. LOCATION	City, town, or co		(State)	p.
HOLLOWAY &	R'S SIGNATURE	DER AT.	ADDRESS	STRITTON MD 240, REG	D-BY REGISTRAR	346, REGISTRA	R'S SIGNATUR	1/20	



BUREAU V. S.

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VS A15C 1-55 10M"

10771

CERTIFICATE OF DEATH

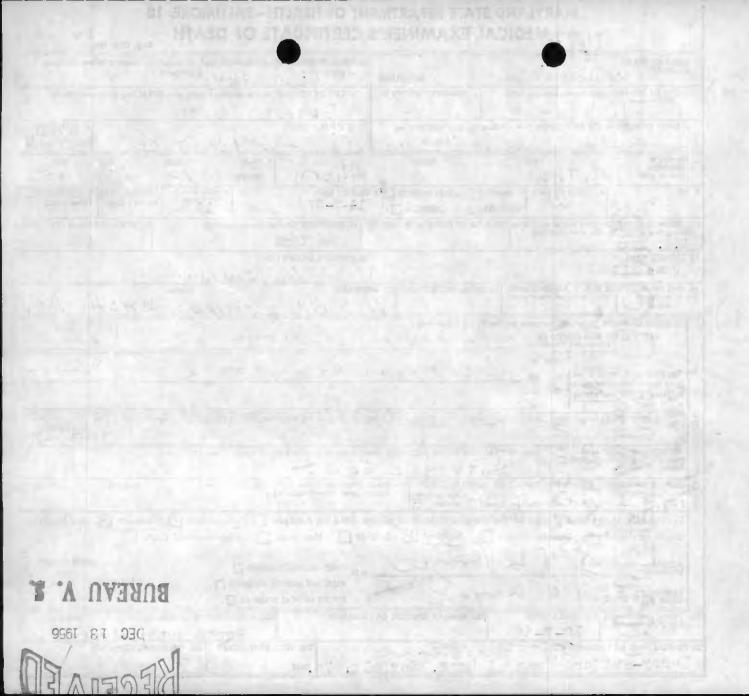
Reg.	Diet	Ma	3	3	2
Meg.	DIST.	MO."	112.00		Seres.

10789	Reg. Dist. No.
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICAMICS MARYLAND	STATE Mandand COUNTY
CITY (If outside corporeté limits, write RURAL LENGTH OF STAY	CITY (If outside comporate limits, write RURAL and give nearest town)
OR end give neerest town) (In this place)	TOWN OCEAN CY 4
HOSPITAL OR	STREET (If tural giyy location)
INSTITUTION OR STREET ADDRESS PORCH AS A SPRENT	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	Wins DEATH 10 24 1056
	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
M Whete (Spacify) Widowed Fe	10 1979 77 yrs. Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	18. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Adkins	ELLEN BAKER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yes, give wer or detes of service)	Ham. adkins (Claw lity md
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Con Chief	The insulpante linear la
IMMEDIATE CAUSE (A)	The state of the s
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19-6. DATE OF OPERATION 19-6. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE [Home, ferm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.] (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	211, HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from	9. 1, 19.57 to 10/25, 19.57, that I last saw the deceased
alive on	t
BIGNATURE O COL	ADDRESS (Street, city, town, state) DATE SIGNED
We here of Ellest. M.O.	Trales lever, Ma. 10-25-31
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF REMOVAL (SPECIFY)	CREMATORY LOCATION (City, lown, or county) (State)
BURIAL 10-27-56 GREENY D	ACKVILLE GREEN BACKVILLE VA
12 for C3 / Tay / Marion C3 /	So. POWERS DIRECTOR'S SIGNATURE ST. OF THE
DATE 10/29/56 11 ary W. Hallowa	4/142, 11. a. Dhillas 11110 hurch

CERTIFICATE OF DEATH the State of m. Marchant . in complete TO MESSON Sall 1spine Peninsula Dogwal Askins Cherence M white Cucleral Thrember الدووز ل 19191 25 19181 willing B. Elli). Sali men 34 . 10:09 5-5.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5) SM 9/55



DATE

VS. A15ME(5) 5M 9/55

MEDICAL EXAMINERS DESIRED TO DE DEATH ms2monIII CINCAL COL x4 a Cartal and Estates A still the secretary of the Manual Market and the State of the State -Leaffer . ore fi (1944) man approise parent and 500 West ST and the content of the state of the BUREAU V. E. 9961 Po Lu . Low Course of the Course of

VS A15C 1-55 10M -

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10773

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10772 CERTIFICATE OF DEATH

Item 3 Film G295 10/22/56 ge		Reg. Dist. No. 226
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY (D) 1 COM 1 CO	MARYLAND	STATE VIRGINIA COUNTY ACCOMACK
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corporata limits, write RURAL and give necess town) OR
TOWN SALISBURY	6/2 Rows.	TOWN ON ANCOCK
HOSPITAL OR INSTITUTION OR	11	STREET (If rurel give location) ADDRESS
STREET ADDRESS ENINSULA GENERAL	HOSPITAL	8 KERR ST.
3. NAME OF (First) (M	iddla)	(Lesi) 4. DATE (Month) (Dey) (Year)
Process on Profession () by the second control of the second cont	B. B.	ELL DEATH OCTOBER 3 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO		
MALE WHITE SPECIFY	4-2	4 - 1876 80 yrs. Months Days Hours Min.
	OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) Harnes I lead	na other	Verginia 11.8.
13. FATHER TAME		14. MOTHER MAIDEN NAME
Aller & Bell		Alley Bavoge
15. WAS DECEASED EVER TOU. S. ARMED FORCES? 16. (Yes, no, or unk.) (If Yes, give wer or dates of enrylce)	SOCIAL SECURITY NO.	17, NFORMANT & ADDRESS
first not annel. fit 144' Stan was or entered.		Notally Lawrence - thulland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18, MEDICAL CER	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
1120 / IMMEDIATE CAUSE (A) NIL	socardeel	Infact auch I does
ANTECEDENT CAUSE(S) DUE TO)	
DISEASES OR CONDITIONS, IF ANY, (B)		
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
		YES NO 🖸
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. PLACE [Home, OF INJURY streat, offi		1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. If While	Not while	21f. HOW DID MUURY OCCUR?
M. at work	at work	
		, 19, that I last saw the deceased
alive on 10.5, 19.0, and the	hat death occurred at.	10. F.M., from the causes and on the date stated above.
Willey R. Ellis &	M. D,	Sales Sleet, Mil. 10-3-56
23. BURIAL, CREMATION, REHOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. ANERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 10-6-56 Mary 10	Hellmay	Weslish M. Hilliams

SUBSTITUTE STATE OF PREMIUM OF STATE WITH BALLINGS IS

CERTIFICATE OF DEATH

STREET, SHIP OF STREET ASSESSMENT ASSESSMENT

4-24-1876 80 5 9
Horner & leader Stille Virginia 41.5.
Releat 1. Alle Alle Survey and Su

BUREAU V. A.

9961 6 100

BECEINED WAR

Murial 10-6-36 ONFHEOCK ONPHEOCK, Va.

1				MARY	LAND S	STATE DEPART	ME	NT OF HEALTH	H-BA	LTIMORE,	18	10%	774
8 E	•			10772	EDICA	L EXAMINE	R'S	CERTIFICAT	E OF	DEATH	Reg. Dist.	No. 3	32
should	. ,	1.	LACE OF DEATH	10160				2. USUAL RESIDENCE (W				before adm	ission)
- 4	25			Wicomico		MARYLA	ND	a. STATE Mary	and	b. COUNT	Wi	comi c)
Page		Ь	. CITY OR TOWN (If and give necres) town)	outside corporate limits, w	nte RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside cor	porate limits, write	RURAL and give	negrest to	(nwr
o Pe	12		Salis	N N		life		Salia	sbury				1'
1 5	0 %.	d				pital, give street address)		d. STREET ADDRESS				e. IS F	ESIDENCE A FARM?
<u> </u>			Peninsula	General	Hospi t	al		j20 Tangi	ier Si	t e		YES	NO K
yaur fi gistrar		3. 1	IAME OF DECEASED		inst	Middle		l.as1	4. DATE OF	Month	D		rear
une regi			Type or print)	Noah				Boone	DEATH	10-			19 56
o the forth the		5. \$	ex M	6. COLOR OR RACI	WIDOWEI	ED . NEVER MARRIED [3 B.	DATE OF BIRTH	38	9. AGE (In years lost birthday) 28 yrs	Months Days		Min.
retoi 2 wil	1	10a.	uring most of working	l life, even if retired) {	CIND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (State	or foreign (country)	12. CITIZEN	OF WHAT	COUNTRY?
be and	1	12	FATHER'S NAME			none		14. MOTHER'S MAIDEN N			101	7 12	
1, 2, 2, 3, 1, 2, 2, 3, 1, 2, 3, 1, 2, 3, 1, 3,		1.3.	FAIRCK 3 NAME	7				- S	IAME				
5 m m m/		15	WAS DECEASED EVE	PINIL S APMED E	ORCES2 24	SOCIAL SECURITY NO. [1	7 IMI	OEMANT		/ Address			
File po	^		no, or unknown	likyes, give will or doles o		30-22-06	33	Blow	h	Snot-e	/ %		
Bit.			18. CAUSE OF DEAT			for (a), (b), and (c).]					0.7	STERVAL BETW	EEN ATH
E E E				I WAS CAUSED BY: MMEDIATE CAUSE (Bullet wound	of	the aorta				15 mi	n.
T T T T T T T T T T T T T T T T T T T				DUE TO					•				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Conditions, if on gave rise to immedi		b)								
orio orio			(a), stating the us										
2		_	cause lost.	,	c)	ALITAINUTING TO BOLLEY					1		
		CERTIFICATION	PART II. OTHI	K SIGNIFICANI CO	NDITION'S CC	ONTRIBUTING TO DEATH B	UIN	JI KELATED TO THE TERM	NALDISEAS	E CONDITION GIV	EN IN PART I(o	PERF	ORMED?
ip 5 2		Š	20. EVTERNMA CALL	E MIAS	ant percein	S HOLLIN HARV OCCUPAN	0.45			£ 1		YES K	NO 🗌
be be		ERT	20g. EXTERNAL CAUS PRIMARY (For CON CAUSE OF DEATH.	TRIBUTING D		E HOW INJURY OCCURRE				of ilem 18.)			
p x d z d			20c. TIME OF INJUR		Shot b	by brother du	ri:	ng a quarrel	e not esta	an favor)	(County)		(Stote)
300 %		MEDICAL	_Hour a.m.		While	Not white	factor	y, street, office bldg., etc.			,		
g edit		W	1 P p.m.			rk al work 🔀		ome		lisbury	Wicomi		lid.
. i			-		_	remains described of				nspection X.	Inquiry	Ä, and	find that
, šg č			death resulted	ram: Natura	causes [Accident,	Suici	de, <u>Hamicide</u>	IĂ, U	ndetermined o	ause [
The cote			ACTUAL SIGNATURE	En 1	_ /	V-V		CHIEF MEDICAL EX	AAAINIED E			DATE	SIGNED
20			SIGNATURE			-		M.D. ASSISTANT MEDICAL EX	_				
orwarded proverded FUNERAL			EXAMINER'S NAME (Type)	Tom? I	Person	1 20		DEPUTY MEDICAL E			10-1	E 56	
orwor FUNE		22a	ByRIAL, CREMATION	Lari L.	Royer	22c. NAME OF CEMETERY	OR 4			TION (City, town, o	-0.2	· (Sto	av land
		1	REMOVAL (Specify)	Oct 14-	1956	12/11/11	Sto	alle Com	OXO	el solee	eu	me	, 4
-		23.	FUNERAL DIRECTOR'S	10	1	/ ADDRESS	/	24a. REC'I	BY REGIS		STRAK'S SIGNA		
VS. ATSME(5) 5M 9/35			1 South	es mi	Veo	V Liake	, le	UNI DATE /	5-16-	36 M/	mulh	1/ 1/	Alorn
3M 3/33			- 11							7 1 1 1 1 1 1 1	700		

DECEIVED

BUREAU V. R.



Z .V UABA.

VS A15 (4) ISM 9/55 10805 CERTIFICATE OF DEATH

Reg. Dist. No.

10	776	
	33	2

3. [PLACE OF DEATH			2. USUAL RESIG	PENCE (Who	ere decease	d lived. If institution	ni Residence be	fore odmi	ision)	
		icomico	MARYLAND	a. STATE	Mary.	land	b. COUNTY	Wicon	nico		
	CITY OR TOWN (II RURAL and give ne	outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR T	OWN (If or	utside corpo	rote limits, write Rt	URAL ond give i	nearest for	m)	
		icoke	Lifetime	Nanticoke							
	OR INSTITUTION	AL (If not in hospital, give stree	t oddress)	d STREET A	DDRESS				• 15 RE	SIDENCE A FARM?	
	OK INSTITUTION									NO	
3	NAME OF	first	Middle	Losi		4. DATE	Mont	th	Doy	Year	
	Type or print)	Bradford		Bradsha	W	OF DEATH	Oct		22	1956	
5. 9	EX			B DATE OF BIRTH			9. AGE (In years	IF UNDER 1 YE	AR IF UND		
	Male	Coloredwipov	VED T DIVORCED	11/1/1	889		last birthday) 66 yrs.	Manths Day	Hours	Min.	
100	USUAL OCCUPATION	N (Give kind of work done 10)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPL	ACE (Stole o	or foreign o	ountry)	12 CITIZEN	OF WHA	T COUNTRY?	
	l'ishe.	rman	ommerical	M	arvl	and		U.	S.		
13.	FATHER'S NAME			14. MOTHER'S							
	W	illiam H. Br	adshaw		Am	elia	Elzey				
15.	WAS DECEASED EVE	IN U. S ARMED FORCES? 16		NFORMANT			Addr	e11			
1741	No. or unknown)	If yes, give wor or dates of service)	13-24-2493	illiam	Brad.	shaw	Nantic	oka.	lary.	land	
		TH Enter only one cause per				52-001			TERVAL B		
	PART I. DEA	TH WAS CAUSED BY	no Pral Hou	000000	0.00)		0	NSET AN	D DEATH	
		DUE TO	Justine Na	HY OZAK	Mes				170	Color	
	Conditions, if a	()	2 12 12 1 1 1 1	Postony	2 50	2000	1212		10 (L NON	
	gove rise to in	nmediote (MAN WAR CALL) <u> </u>		03443		10	arcea	
	Cozie (o), storing the under-										
Z		ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 10	19. WAS	AUTOPSY	
ATK									PERF	ORMED?	
CERTIFICATION	20g ACCIDENT WA	S UNDERLYING [] 206. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in P	ort I or Por	t II of item 18.)		1125	1	
	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING () 20b. DE () CAUSE OF DEATH MEDICAL EXAMINER)									
CAL	20c. TIME OF INJUR	Month, Day, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY I	lome, form,	20f. (City	or town)	(Count) ⁾	(Stote)	
MEDICAL	Hour o.m.	19 While of we	e Not while Too	ctory, street, office	bidg., elc.	'					
	21 Leastify th	at I attended the decea	sed from 19 Wa	4 . 194	710.2	200	E. 1956	2that I last	caw the	docented	
	alive an 🗻	A .	ع الما ما ما ما ما ما ما ما ما		,						
			addition of the state of the st	occorred at.			reet, city or town,			ATE SIGNED	
	ACTUAL	ward the	- Sallerden	1/1	Ti in	Irela	hule		10/5	20,12-6	
	~			Mills managed		1712777	CTT-LYSTY C		-1	13.1	
	PHYSICIAN'S NAME (Type)	Richard H. S	aunders	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nan	tico)	ce, Mary	rland			
220	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCA	TION (City, town, o	r county)	(Sto	te)	
_	Burial	10/24/56	Nanticoke	Cem.		Na	nticoke	Mary	land		
23	FUNERAL DIRECTOR	, //	ADDRESS		24a. REC'D	SY REGIST		TRAR'S SIGNAT			
		Much, Bi	valve, Maryla	and	DATE		- Mar	4.1.2	ottou	reggs	

9961 88 1989

BECENALL

INSTRUCTIONS

r this f this	MARYLAND STATE D	PARTMENT OF HEA	ALTH-BALTIMORE, 18	10777
third copy o	10774	CATE OF	Reg.	Dist. No
afte e	1. PLACE OF DEATH	2. USUAL	RESIDENCE (HOME) OF DECE	ASED
- 6年		YLAND STATE		MERSET
hours ctor, t	00 - 1-1	is place) OR	outside corporate limits, write RURAL and gi	ve naarest town)
72 hour director,		NEEKS TOWN	POCOMOKE	
within Z funeral d	HOSPITAL OR INSTITUTION OR STREET ADDRESS POM 130 9 14 1 P. Home	STREET ADDRESS	RURAL #1	allon)
within funeral	3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Dey) (Year)
	(Type or Print)	Raittinal	DEATHON -	Per 16 1957-
registrar by the	5. SEX 6 COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH		ONDER 1 YEAR IF UNDER 24 HRS.
	mal e lithite (Specify)MARRI	ED 7150 17.190	03 52 yrs. Mo	nths Days Hours Min.
)	101. USUAL OCCUPATION Give kind of work 10b KIND OF BUSI done during most of working life, even if OR INDUSTRY	NESS II. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT
/\$ <u>₽</u> ₩	rotired FARMER POUL	TRV SAL	LIE BEAUCHAI	YD W SA
filed fely if per	13. FATHER'S NAME	14. MOTHER	R'S MAIDEN NAME	
isit et i	BERT BRITTINGH,	AM N	MARYLAND	
e b omp trai	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. or unk.) (If Yes, give wer or deles of service)	ECURITY NO. 17. INFO	ORMANT & ADDRESS	, ,
rificate be filed with and completely filled burial transit permit.	NO - 22000	-8875 MRS	SLILLIAN B. IS	SRITTINGHAM
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ;	EDICAL CERTIFICATION	13 B#1. 1-0 goMe	TE INTERVAL BETWEEN ONSET AND DEATH
ath c cian as a	MMEDIATE CAUSE (A) Back	Tercal Gran	docardites	1 everic
ires that the death dathed afterding physician stacked for use as a	ANTECEDENT CAUSE(S) DUE TO	+ : :/	+ 11 -	
for the	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	under Hear	d Wishar	
that the ding pt	STATING UNDERLYING CAUSE LAST, DUE 10	•		
v requires that the attending	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
requires he after a detach	TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH			
2 4 g	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERAT	ION		20. AUTOPSY7
ا يُقريق ا	210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, farm,	tory. 21c. WHERE DID IN	NJURY OCCUR? (City or town)	(County) (State)
COR: The law executed by mbly should b	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc.)		(outro)
RECTOR:	21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a, INJURY O While at work	CURRED 21f. HOW DID IN Not white et work	NJURY OCCUR?	
L DIRECTOR: has been exect ficate assembly	22. I hereby certify that I attended the deceased from	9/27/ 1957	, to 10/1/ef , 1957a, 1	hat I last saw the deceased
5 . 16 U'			from the causes and on the date	
	BIGNATURE	- 1-21	ADDRESS (Street, city, town, sta	DATE SIGNED
FUNERAL ertificate hi eath certifi	23. BURIAL, CREMATION, / DATE THEREOF NAME (M. D	LOCATION (City, town, or	county) (Steta)
FUNERA certificate death cert	REMOVAL (SPECIFY)		- 16	- MA
2 5	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		DIRECTOR'S SIGNATURE	ADDRESS
- >	1 1/2 of A/201	Therend	1564 Patamil 1 Pa	romole med

enimonial densational enimals Leonard Brittingham
make units.

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DECEMBED

MSTRUCTIONS

CERTIFICATE OF DEATH

10775

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY WIFE MIRE	STATE DOLAWARE COUNTY SUSSEX.
4	COUNTY V// CO M 1 CO CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give nearest town)
	OR and give nearest town) (in this place)	TOWN Cant 1 400 3
	TOWN SALISBURY	SEATORD AVIVO
	HOSPITAL OR NSTITUTION OR	STREET (If rurel give location) ADDRESS
	STREET ADDRESS PENINSULA GENERAL HOSDITAL	UNNUTA
1	3. NAME OF (First) (Middle)	(Lost) 4. DATE (Month) (Day) (Year)
1	DECEASED	DEATH & abid on 11th
1	(Type or Print) SOENCER (ALLO	WAY DETOBER 4 WOO
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
4	MALE WISTE (Specify)	7-186 10 yrs. Months 0095 110010 110010
	10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. ARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
ı	done during most of working life, even if OR INDUSTRY	COUNTRY?
	the territory	Mariland USA.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	O'Yal Callagran	Vinne ring billiam
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	d7. INFORMANT & ADDRESS
	(Yas, no) or unk.) (If Yas, give wer or deler of service)	1 Charles 14 1
	7/1	INTERVAL BEI WEEN
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	1. St. of h	morace (interest to Header 15 mines
	IMMEDIATE CAUSE (A) The Contract of Dank	in the state of th
	ANTECEDENT CAUSE(S) DUE TO	leveled 3-6 mps.
	GIVING RISE TO THE ABOVE CAUSE	
	STATING UNDERLYING CAUSE LAST. DUE TO	Mic ("archiere Pounts
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	HILL CONTRACT STREET
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	176. DATE OF GREATION 176. MAZOR PHODINGS OF GREATION	YES X NO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jarm, Jectory, 2	(County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
		21F, HOW DID INJURY OCCUR?
	M. et work at work .	,
		5/ //// 5/
	22. I hereby certify that I attended the deceased from	
2	alive on	Massal M, from the causes and on the date stated above.
έ	SIGNATURE /)/	ADDRESS (Street, city, fown, state) DATE BIGNED
n l	colle les volus de rabilità la M.O.	3. D. 15tile 6 (1170) 12 1/1/1/
2	23. BURIAL, CREMATION, / DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Slate) /
2	REMOVAL (SPECIFY)	to the state of the state of
<	24 OFFID BY OFFICTORD DECISTOR'S SIGNATION	25. FUNERAL DIRECTOR'S, SIGNATURE ADDRESS
>	24. REGISTRAR REGISTRAR'S SIGNATURE	23. PONERAL DIRECTOR 3. SIGNATURE
	DATE OU III Mary of Authorizing	charlest // // for at toon

9541 11 17

The second of th

4. 4.10

a. COUNTY	Vicomico		MARYL	AND	o. STATE Maryla		nd b. COUNTY Dorchester				
b. CITY OR TOWN (RURAL and give n	If outside corporate limi	ts, write	c. LENGTH OF STAY IF	N 1b	c. CITY OR TOWN (IF	autside corpo	rote limits, write R	URAL ond g	ive near	est lown	n)
Salisbu			22 days		Reids Grove						
d, name of hospi or institution Deer a F	TAL (If not in hospitol, g lead St ate I	ive street Iospi	address) tal		d. STREET ADDRESS				e		IDENCE FARM?
3. NAME OF DECEASED	Fir	**********	Middle		los1	4. DATE	Man	th	Day	7	Year
(Type or print)	Edwar	d			Camper	DEATH	Octo	ber	19	7	19 56
s. sex Male	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED ED DIVORCED		DATE OF BIRTH	389	9. AGE (In years last birthday) 9. yrs.	Months	Days .	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION	ON (Give kind of wark kipg life, even if retired	ione 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (State	ar fareign c	auntry)	12. CITI	ZEN OF	WHAT	COUNTRY
Farm L	aborer	'	Farm		Maryla	and			USA		
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
No da	ata				Mary I	da Sta	nley				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INFO	RMANT		Add	ress			
No		- 1	Inknovm.	Hos	pital Reco	ds					
	ATH [Enter only one co	use per li	ne for (a), (b), and (c).						INTER	RVAL BET	TWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Uremia, Chr	conic					ONS	?	DEVIN
542X											
Conditions, if a)	Glomerulone	ephri	tis, chroni	C			Ì	?	
gave rise to i											
lying couse last.	, (c)									
			CONTRIBUTING TO DEAT					EN IN PART		PERFO	AUTOPSY RMED? NO [X]
200 ACCIDENT WAS OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter noture of injury in	Port I or Pari	t II of item 18.)				
ZOC. TIME OF INJUING Hour G. ft. p. m.	RY Month, Day, Yes	White	NJURY OCCURRED 2 Not while at work	20e. PLACE factor	OF INJURY (Home, fari y, street, office bldg., et	m, 20f. (City c.)	or town)	(C	ounly]		(State)
21. I certify th	nat I attended the	deceas	ed from Sept	. 27		Oct. 1	9 19 56	that I le	ast sa	w the	decease
alive on C	ct. 18	125	6, and that o	death a	curred at 6 1	M, fran	n the causes a	nd an th	e date	e state	ed abave
			*			ADDRESS (SI	treet, city or tawn,	slate)			TE SIGNED
ACTUAL SIGNATURE	Dr. bfuer	we	cu.	M.E	Deer's	Head S	State Hos	pital		10/1	19/56
PHYSICIAN'S NAME (Type)	V. Juerman,				Salisbu						
220. BURIAL, CREMATIC REMOVAL (Specify) BULLIBLE	Oct. 23.		Reid's Gr			ZZd. LOCAT	ION (City, fown, o	er county)	ylan	(State)

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

J.J. Frampton and Son, Federalsburg, Maryland

TO FUNER. 7

TO HOSPIY

may be hed by the haspital ar ottending physician.

D FUNER.: I DIRECTOR: After this certificate has been signed by the attence page 3 shauld be detached for use as the burial-transit permit. Then plea the registrar prior to burial, cremation, ar remaval, and in any event within

the attending physician and campletely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with vent with 77 they is after death.

PLACE OF DEATH

er death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

05 V 125 5 0

* 1 THANA

			MARYLAI	ND STATE DEPAR				TIMORE, 1	8 [()	780 _.	337			
			4 () 19 19	CERTIFI	CAT	E OF DEATH	1		Reg. Dist.	No. 1. 2				
	1.	LACE OF DEATH	Wicomico Vicomico	ž MARYLAI	- 11	o. STATE Mary		d lived. If institution b. COUNTY		before odmis	*			
12		RURAL ond give Sal	isbury	1 yr. 11 m		c CITY OR TOWN (IF o		orate limits, write R	URAL and give	e nearest faw	n)			
į		OR INSTITUTION				d. STREET ADDRESS	Chron			ON	SIDENCE A FARM?			
	3.	NAME OF	's Head State	Middle Middle		n18u	Stree) U Mon	al.	Day	Year			
		Type or print)	Arli			Collison	OF DEATH	Octob		12,	19 56			
	5. 5	EX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years loss birthday)	Months De					
	_	Male		DOWED DIVORCED		July 28, 18		f 7 yrs.		ays Hours	Min.			
1	10a	during most of w	TION (G've kind of work done orking life, even if retired) (3)	10b. KIND OF BUSINESS OR I	NDUSTR	Maryl:	or foreign c and	ountry)	12 CITIZE	USA	T COUNTI			
	13. FATHER'S NAME William Collison													
	15.		VER IN U. S. ARMED FORCES?		17. INFO	PMANT		Add	ne4s					
I)	(Ye	unk.	(If yes, give war or dates of service)	220-09-9851		pital Record	ds		-	. Marv	land			
	=	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]												
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Pulmonary embolism (recurrent) (Recurrent)												
		DUE TO												
		Conditions, if ony, which (b)												
	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO													
	CERTIFICATION	PART II. C	THER SIGNIFICANT CONDITION Fractur	ons contributing to DEATH	femu	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1	PERF	AUTOPSY DRMED?			
	CERTIFI	200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER) 20b.	DESCRIBE HOW INJURY OCCI	URRED. (I	Enter nature of injury in P	orl I or Por	I II of item 18)						
×	MEDICAL	20c. TIME OF INIT Hour a. f p. re	1, 10 V	Nod. INJURY OCCURRED 200 While Not while twork of work		OF INJURY (Home, form, street, office bldg., etc.		or town)	{Cou	nty)	(Stole			
		21. I certify	that I attended the dec	ceased from NOV.		, 19 54, to O	ctobe	r 12, 1956	that I los	it saw the	decea			
		alive on0	ctober 12	12 <u>56</u> , and that de	eath o	corred at 8:45	PM, from	n the causes o	ind on the					
		ACTUAL	1					Ireel, city or lown,	stote)		ATE SIGN			
		ACTUAL SIGNATURE	1. 1.	1	M.D		_ & ~ & ~	State Ho	enital		0/12/			
		NAME (Type)	L. Male	lues		L.V. Ma			Spruar	~=~				
	220	BURIAL CREMAT TEMOVAL (Special	JON, 26. DATE THEREOF	22c. NAME OF CEMETE	ey or c			TION (City, toyon, o	of county)	Misio				
1	23.	FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS	, 4	1/1a li .	BY REGIST	RAR 246 REGIS	STRAR'S SIGN	ATURE /				
134		7/	1/1001 to	Jon IVE	nlo	3 // G PATE /0	17/5	6 174	100	The T	T			
	1							1/10	ref /14.	tallow	av.			

BUREAU V. E.

SECENTED 1956

BUREAU K. E.

X

DECEIVENT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

OF SE TOI

VS A15C 1-55 10M ~

METRUCTIONS

this this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10783

CERTIFICATE OF DEATH

10779				R	eg. Dist. No.	7.71				
1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF D	ECEASED					
COUNTY Wicomica	MARYLA	AND	STATE Mary	land COUNTY	Wicomice					
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF		CITY (It outside corporate limits, write RURAL and give neerest town) OR							
TOWN Salisbury		lays	TOWN Salisbury							
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If turel giv	ve location)						
STREET ADDRESS Peninsula Genera	al Hospita	ı		4 Delaware A	lvenue					
3. NAME OF (first) DECEASED	(Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)								
(Type or Print) William	James	C	ottman	OFATH -	0 - 14	19 56				
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O				IF UNDER 1 YEAR	IF UNDER 24 HRS.				
No. of the section of	Married	6-1	0-1906	50 yrs.	Months Deys	Hours Min.				
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Stete or for	eign country)		2. CITIZEN OF WHAT				
retired) Walter	Hotel		Salisbury, Wi	comice Co.,		. S. A				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
Samuel Cettman	n		Annie Christopher							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or deles of service)	16. SOCIAL SECU	RITY NO.	17. INFORMANT & ADDRESS Salisbury, Md.							
No No	163-16-	3014	Mrs. Anni	e Cottman, 3						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH. MED	ICAL CER	TIFICATION	_		RVAL BETWEEN SET AND DEATH				
IMMEDIATE CAUSE (A)	5 11-	n	hiertas	10	6	month				
ANTECEDENT CAUSE(S) DUE TO	9 /			1	7	1772				
DISEASES OR CONDITIONS, IF ANY, (B)	no	nue	1/200	Ukeles	111	ideles me				
STATING UNDERLYING CAUSE LAST. DUE TO			0		7	7				
(C) II OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING										
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.										
19. DATE OF OPERATION 196. MAJOR FINDIN	IGS OF OPERATION				20	AUTOPSY7				
				_	YES					
	Home, ferm, fectory, est, office bldg., etc.)		ic. WHERE DID INJURY OCC	UR? (City or town)	(County)	(State)				
		while	21f, HOW DID INJURY OCCI	UR?						
M. [et work L et w	ork LJA	A 2 107	401 0		<u>~</u>				
22. I hereby certify that trattended the de	t	7	19 to		that I last say	arab b				
alive on (and that death o	occurred /at		causes and on the cores (Street, city) tow		e. PATE SIGNED				
Sty 11 moll		M.D. F	Wilnes	Sales	See- 12	16 Octo				
23. BURIAL, CREMATION, DATE THEREOF/	NAME OF C	EMETERY OR	CREMATORY	LOCATION (City, town	n, or county	(Stele) J G.				
Burial 10-17-56	Gregn	Acres	Memorial Park	Salisbury.	Wicemico ADDRESS	Co. Md.				
24. RECTOTY-REGISTRAR REGISTRAR'S SIGNAT	The staff		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS					
DATE //www	Il sto la	rolly	J. F. Stews	art Funeral 1	Home, Sali	shury Md.				



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10784 331 Reg. Dist. No.

1. PLACE OF DEATH					2. USUAL RES	DENCE (Wh	ere deceased	lived. If institut		before admir	ssion)	
o. COUNTY Wicomico			MARY	CLAND	o. STATE	rvlar	nd Wicomico					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY				outside corporate limits, write RURAL and give nearest town)					
Delmar			70 yrs		I	elmaj	g					
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION			oddress)		d. STREET	ADDRESS					SIDENCE	
4.	eet			400 3	State	Street	t		A FARM?			
3. NAME OF DECEASED	First		Middle		lo	st	4. DATE OF	Ma	nth	Day	Yeor	
(Type or print)			Virginia		Culve	r	DEATH	Oct. 8		1956		
5. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED				8. DATE OF BIRT	Н		9. AGE (In years				
Female	White v	VIDOWED	DIVORCED		Nav 31	Vay 31.1886		lost birthdoy)		Days Hours	Min,	
100 USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	ne 10b. K	IND OF BUSINESS C	R INDU	STRY 11. BIRTHP	LACE (Stote	or foreign co	untry)	12. CITIZ	EN OF WHA	T COUNTRY?	
At Home	ing life, even it refired)		At Home		Wic	omico	o Com	ntv. Ma	7 T	JSA		
13. FATHER'S NAME		1 4	ro me		14. MOTHER'S			LI O.y 3 INC		/ JUBL ,		
Duran di a	T 0 1											
Burton	LeCates RIN U. S ARMED FORCE	C2 14 C	OCIAL SECURITY NO	117 6	NFORMANT	etia	Hearn					
(Yes, no, or unknown)	If yes, give war or dates of servi						-					
No None Mrs James B. Hea								n. Delr	nar, a	id.		
	TH [Enter only one cous	e per line	for (a), (b), and (c).]				- 0		INTERVAL B		
PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Garin	-	atrai	o ne	riture	al he	er	ONSET AND	DULAIH	
	DUE TO				1	1		1,		7		
Conditions, if a												
gove rise to it					-		4					
cosse (a), stating	A	Bun	not be			-6-						
lying couse lost.) (c)		caran	277-6		900				37	2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP												
3		en	shal H	ادمار	losis.	or m	alance	MED O			NOD	
PART II. OTH	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCI	RIBE HOW INJURY O	CCURRE	D (Enter noture o	of injury in P	Port 1 or Part	II of item 18.)			***	
		20d. IN.	JURY OCCURRED	20e. PL	ACE OF INJURY	Home, form.	20f. (City	or lown)	ff.o.	unty)	(Stole)	
Hour o.m.	16	While	Not while	foo	tory, street, offic	e bldg., etc.) }		ĮCO	wiiiyy	(3,0,0)	
₹ p. m,	17	ol work	of work		1			-/-				
21. I certify th	at I attended the d	lecease	d from		19 3	, ta	dear	. 19	,that I la	ist saw the	deceased	
alive an	10/5	. 12.5	3 and that	death	accurred at	51306	4.M. from	the causes				
			0					eel, city or lown.			ATE SIGNED	
SIGNATURE	Erme A	ころ	Lamore	7.			Doll		Doll	1	Nela	
SIGNATURE	1/4/4		700000	_	M.D				p=9		4-21-20	
NAME (Type)					******			·	/		1	
220 BURIAL, CREMATIO	N. 226. DATE THEREOF		22c. NAME OF CEM	ETERY O	R GASHUTFORY		22d, LOCAT	ION (City, town,	or county)	ot2)	te)	
Burial	10-10-	56	Mt. Ol	live				Lmar, D			,	
23_FUNERAL DIRECTOR	S SIGNATURE A		ADDRESS	- I Y C		240 PEC'I	BY REGISTI		STRAR'S SIGN			
W & &n	211/10	1 -	Dellane.		1010	DASK LEG L	i .	1//	The state of the	1 / 1	*	

Deel II Toc

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10785

CERTIFICATE OF DEATH

CERTIFICATE	OF DEATH
10779	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICOMICS MARYLAND	STATE MARY LAND COUNTY SOMERSET
CITY (if outs de corporete limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this piace)	CITY (Il outside corporate limits, write RURAL and give neerest town) OR
TOWN SALISBURY 12 DAYS	TOWN CHANCE
HOSPITAL OR INSTITUTION OR	STREET (N rural give location)
STREET ADDRESS TENINSULA GENERAL HOSPITAL	ADDRESS
3. NAME OF (first) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) GREELY DA	SHIFLL DEATH OCTOBER 27 19 5%
5. SEX 6 COLOR OR 7. INGLE, MARRIED. 8. DATE O	
MALE WHITE (Specify)	Approx yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working did, even it OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Will nely tweer	med It's
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eden Nashell	Clumbeth Wilsler
15. WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17-INFORMANT & ADDRESS
[Yes, no, or whit] [1] Yes, give wer or deles of service) 22A-69-1-7-4	7 Lucy Washell (horse ma
2 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
A + 2	de - Sur odina
IMMEDIATE CAUSE (A)	The state of the s
DISEASES OR CONDITIONS, IF ANY, (B)	lutte to dream
GIVING RISE TO THE ABOVE CAUSE DUE TO	1 4 9 1 1
, IC) Jalenger for	works hypotyl.
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH, 196. DATE OF OPERATION 196, MAJOR FEMOINGS OF OPERATION	20. AUTOPSY?
10-19-56 Benia- Anotes	
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, feeter, OF INJURY street, office bidg., ofc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	Ic. WHERE DIVINJURY OCCUR? (City or town) (County) (Slete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not white	RIF. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from	a 7.7
alive on, 19, and that death occurred at.	
SIGNATURE William 1 & Folking.	Salar (Street, city, lown, state) DATE SIGNED
23. BUTAL, CREMATION DATE THEREOF 10/29/56 MANUAL ISPECIETY 10/29/56 MANUAL ISPECIETY 10/29/56 MANUAL ISPECIETY OR	Po the following
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 17 28 W 4 1	2) FINERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 10/30/36 Mary W. Halisway	James Hennan Trences Anne

BUREAU V. C.

9961 I 101

DANS SELATO

BREEVA A &

95.07 . 10c

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Dist. No
EASED
Wiconico
cetion)
(Day) (Yeer) 1 8th 19 56
UNDER I YEAR IF UNDER 24 HR paths Days Hours Min.
12. CITIZEN OF WHAT COUNTRY?
asband)Snow Hill
INTERVAL BETWEEN ONSET AND DEATH
20. AUTOPSY? YES NO Z
(County) (Stete)
that I fast saw the deceased stated above. DATE PIENE: Study U. (State)

INSTRUCTIONS

OCT 9 1956
OCT 9 1956

10781

CERTIFICATE OF DEATH

this sis	MARYLAND STATE DEPARTMEN	IT OF HEALTH-BALTIMORE, 18	10788
er death. After Mird copy of	10781 CERTIFICATE	OF DEATH	No. 332
重要	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	_
	COUNTY WICO MARYLAND	STATE MARY AND COUNTY WO	CCESTER.
i i	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this piece)	CITY (il outside corporate limits, write RURA), and give neare	st town)
72 hours director, th	TOWN SALISBURY	TOWN POCOMOKE	2)
7 4	HOSPITAL OR INSTITUTION OR	STREET (If rurel give location)	
within	STREET ADDRESS PENINSULA GENERAL HOSPITAL	434 BANKS S	TREET
within	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month)	(Yaar)
registrar by the fi	(Type or Print)	DOUGLAS DEATH OCTOBER	3/ 1956
Pgis Y	5. SEX 6. COLOR OR 7 SINGLE, MARRIED, 8. DATE OF		
F 7	Female Colored Specify New borN Octob	DER 30:1956 yrs. Months	Days Hours Min.
with the filled in	10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS		CITIZEN OF WHAT
養養 /	dona during most of working life, even if OR INDUSTRY refired)	manuland	COUNTRIE
Pa	13. FATHER'S NAME	14. MOTHER'S MAINEN NAME	
b= filed pletely ansit p=		DMIR Purcilla Dou	0×0.9
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	1
er este	(Yes, no, or unk.) (If Yes, give war or detas of service)		
di	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
death ysician se as	IMMEDIATE CAUSE (A)	9 1 across	
	DISEASES OR CONDITIONS, IF ANY, IBI	cela Henomhous	
± 0.0	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	0	
adii h	10 Ullechasia		
edires that e attendin detached	TO THE DEATH BUT NOT RELATED TO THE	4	
<u> </u>	DISEASE OR CONDITION CAUSING DEATH.	-	20. AUTOPSY?
> _0	19m. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Ø .	YES NO
FUNETURE DEFECTOR TO law law certificate has been executed by death certificate assembly should NISC 1-55 10M.	216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, feetory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c, WHERE DID INJURY OCCUR? (City or town) (County	(Slete)
MEGTORE been exect assembly	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work	211. HOW DID INJURY OCCUR?	
een	22. I hereby certify that I attended the deceased from 10/30	19.56 , to 10181 , 19.5 c, that I li	ast saw the deceased
유유	alive on 19 30 , 19 5 a , and that death occurred at	5:00 f. M, from the causes and on the date stated	above.
He fit A	SIGNATURE	ADDRESS (Street, city, town, stets)	PATE SIGNED
NE ficate h h certifi 1-55 10M	William (Worgan M.D.	Salisbury, Md	11/3/56
certificate had death	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county)	(Stele)
certificant death	Clemitron 11/3/56 Peninsua		y me
2 2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	DORESS
4 /	DATE 11-6-56 MONUM 11: Stephnished		

DE VEESE EN

BURZAU V. B.

MEGETTAGE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

10790

10783 CERTIFICATE OF DEATH

Reg. Dist. No. 332

.	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
Air .	COUNTY 1131 COM LCO MARYLAND	STATE MARYLAND COUNTY (E)(COMICO
ı	COUNTY LO CO MARYLAND CITY (Il outside corporete limits, write RURAL LENGTH OF STAY	CITY (It outside composée limits, write RURAL and give nearest town)
14	OR and give nearest town) (in this place)	OR
ľ	TOWNSALISBURY 1 Day	TOWN SALISBURY
	HOSPITAL OR	STREET (if rural give location)
H	INSTITUTION OR STREET ADDRESS PER ALLO COLOR OF THE COLOR	ADDRESS
	TENINSALI CENERAL TOSPITAL	512 Wicomico
-1	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yaer)
-1	The state of the s	ORDY DEATH OCTOBER 12 1956
ŀ	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
-1	RACE WIDOWED, DIVORCED,	Months Days Hours Min.
-1	MALE WHITE (Specify) OCTOB	ER 11 1956 YM. 11204
-1	10e USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (Stata or foreign country) 12. C TIZEN OF WHAT
3	done during most of working life, even if OR INDUSTRY	Sal la Country C
ŀ	15 PARIPRE MANGE	CECOCALICI IIIC 1001
-1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-1		triparioline Laurence
- 1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	/ 17. INFORMANT & ADDRESS
-1	(Yes, no, or unk.) [If Yes, give war or detas of service)	7/2 - M. /6 - 22 2 11
		MEROLATIONAL LOCUMENT
-1	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
-1	I DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH	ONSEL AND DEATH
-1	IMMEDIATE CAUSE (A) MANUAL CALL	the Celebras Helisonaile, 14 flows
-1	ANTECEDENT CAUSEIS) DUE TO	
-1	DISEASES OR CONDITIONS, IF ANY, (B)	
-1	STATING UNDERLYING CAUSE LAST. DUE TO	
-1	(C)	
ı	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
-1	TO THE DEATH BUT NOT RELATED TO THE	77.
Ŀŀ	DISEASE OR CONDITION CAUSING DEATH. 198. WATE OF OPERATION 198. WATE OF OPERATION	20. AUTOPSY?
_	178DATE OF OPERATION	YES IZI NO IT
ŀ	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, 2	
-1	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	1c." WHERE DID INJURY OCCUR? (City or town) (County) (State)
-	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
-1	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?
L	M. at work at work	
	22. I hereby certify that I attended the deceased from 1011	1950, to 17 00 1950, that I last saw the deceased
	1 - 0 - 1	1 7/
_	alive on	
₹ 2	A SIGNATURE	ADDRESS (Street city fown steta) DATE SIGNED
ل ي	M. M. M.O. T. M.O. T.	M. Musseon AV Jaluburg 1000156
- 7	23. SURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, of county) (State)
ž	REMOVAL (SPECIFY)	a Samonal Hall to Carlo
۲ .	110 10 DE TENINSULI	T JENERAL TOUTHER DOSLAHILLY WILLOWING MO
5	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE 10-18-56 VIII WILL HELEOWAY	Dan 10 what the meral terrhital Dalash withis
-		The state of the s

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician. MSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

Seel se toc

10791

CERTIFICATE OF DEATH 10784

M	Reg. Dist. No337
>	1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY WICOMICO MARYLAND STATE MARY I AND COUNTY WORDESTED CITY (If outside corporate limits, write RURAL of STAY (If this place) OR end give nearest town) TOWN COUNTY WORDESTED CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWN COUNTY WORDESTED TOWN TOWN COUNTY WORDESTED TOWN TOWN COUNTY WORDESTED TOWN TOWN COUNTY WORDESTED TOWN CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWN COUNTY WORDESTED TOWN COUNTY WORDESTED CITY (If outside corporate limits, write RURAL and give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS PeninsulA General HOSPITAL ROUTE 3
	3. NAME OF DECEASED (First) (Middle) (Lest) 4. DATE (Month) (Doy) (Yeer) OF DECEASED (Type or Print) BERTLA CILLIN HAGGERTY DEATHOCTOBER 28 1950
	5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) 8. DATE OF BIRTH OCT. 12, 1887 9. AGE last birthdey Hours Mi
mit.	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if relief) Housewife Own Hone Philadogutia, R. 11. BIRTHPLACE (State or foreign country) Philadogutia, R. 12. CITIZEN OF WHAT COUNTRY? Philadogutia, R. 12. CITIZEN OF WHAT COUNTRY? ON INDUSTRY
sit perm	MICHEL J. CULLIN BECTHA COLEMAN.
nii t	(Yes, po or unk.) (II Yes, give at or detex of service) 16. SOCIAL SECURITY NO. NO. 17. INFORMANT & ADDRESS WAS DECEASED EVER IN U. S. ARMED FORCES? NO. 18. INFORMANT & ADDRESS MISS MARGAROT B. HAGGERTY
a s bu	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION ONSET AND DEATH ONSET AND DEATH 1 MANUAL CAUSE (A) Leabhal / would
d for use	ANTECEDENT CAUSE(S) DUE TO CINEBRASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. GC CC CC CC CC CC CC CC CC C
detacile	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PULLWAY TUTOUS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH CAST A CENTRE OF CONDITION CAUSING DEATH
pe	196. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? / YES NO
∎ho∎lc	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
assembly	2id. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 2je. INJURY OCCURED 2if. HOW DID INJURY OCCUR? While Not white et work et work
201	22. I hereby certify that attended the deceased from
h certifical	SIGNATURE SIGNATURE M.D. ADDRESS (Street, city, town, stele) DATE SIGNE CT 28/95 23. BURIAL, CREMATION: DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stele)
death A15C 1-	BURLAL OCT, 31, 1966 HOLY SEPULCHRE / PHILADGLPHIA PA
VS	DATE OF 3 1 1956 REGISTRAR'S SIGNATURE DE LA BORESS SIGNATURE BELLIN DATE OF 3 1 1956 REGISTRAR'S SIGNATURE BELLIN DE BELLIN D

ATTENDING PHYSICIAN OR HOSPITAL: The Liw requires that the dash certificate be executed within 24 hours after Tile bottom copy may be retained by the hospital or attending pilysician. INSTRUCTIONS

10

death.

director, the third copy

14 DAYS

COLLIN

Oct. 12,1887 69

HOUSEWIFE EWNHONE PHILADELMIA, PA, LISIA.

MICHEL J. CULLIN BERTHA COLEMAN.
13 NO NINE MISS MARCHART B. HOGERTY

FEERU V. J.

9961 18 130

DOLLAR BOLY SEPULCHAE PHILARERAM A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 107923 CERTIFICATE OF DEATH 10785 Rea. Dist. No with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived off institution Residence before admission) o. COUNTY o. STATE b. COUNTY be filed Wi comi co MARYLAND Marvland Queen Anne's death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Chester, Md. 밀 Salisbury, Maryland 2vr.9mo.8davs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer's Head State Hospital puo 2. NAME OF AAicfelle 4. DATE Month DECEASED DEATH Oct. 56 (Type or print) Hazelton 19 Arthur 5. SEX 6. COLOR OR RACE 7. MARRIED TA NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoys Months Days complete Oct. 15. 1885 DIVORCED | Male colored WIDOWED 10a. USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) unk 🚣 Maryland USA DOYEV 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death certificate Josephine Dugger unk IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 2 Hospital Records unk attending unk edse 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: Syphilis heart disease unk IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CNS syphilis has YES T NO T 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or Jown) Day, Year (State) (County) Foctory, street, office bldg., etc.) Hour a. p. While Not while of work of work p. m. 21. I certify that I attended the deceased from Dec. 12. 1954, to Oct. 6. 1956 that I last saw the deceased and that death occurred at 4:30 P.M., from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE P. 3 should PHYSICIAN'S NAME (Type) the registror FUNERAL L.V. Maldve, M.D. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION. 22d. LOCATION (City, fown, or county) (Stote) aBod REMOVAL (Specify) 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATUR

BUREAU V.

DECEIVED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10793

		1001	U	CERT	IFICA	TE OF I	DEATI	H		Reg. Dis	st. Na.	234
1. PLACE OF D	EATH	Wicomico		MAI	RYLAND	2. USUAL RESI		here deceased	Lived. If institu b. COUNT		ce before o	
b. CITY OR T RURAL one	OWN (If d give neo	outside corporate limi rest town) Mardela		c. LENGTH OF STA	Y IN 1b	c. CITY OR		outside corpoi	rote limils, write	RURAL ond g	jive nearest	town)
d. NAME OF OR INSTIT	HOSPITA	L (If not in hospital, ç	give street o	oddress)		d. STREET /	ADDRESS					S RESIDENCE
OK HASHI	OHON	Railroad	Ave.				Rai	ilroad	Ave.			ON A FARM?
3. NAME OF DECEASED (Type or prin	t)	NAPO		Midd	lle	HITC		4. DATE OF DEATH	001	onth 5	Doy th	Year 19 56
5. SEX		6. COLOR OR RACE	7. MARRI	ED NEVER MAR	RIED 🔲	B. DATE OF BIRT	Н		9. AGE (In year		YEAR IF	UNDER 24 HRS.
Male		White	WIDOWE	***		March 1	17, 18	138	fost birthday)		TE H	outs Min.
10a. USUAL OC during mos Ret	CUPATION of working ired	N (Give kind of working life, even if retired Laborer	done 10b. I	KIND OF BUSINESS Lumber Mi		1			Delawar	1	US A	VHAT COUNTRY
13. FATHER'S NA	AME					14. MOTHER'S	MAIDEN	NAME				
Rob	ert 1	Hitch				Ca	therin	ae (Ui	nk)			
15. WAS DECEA (Yes, no. or unknown Unk	n) (H	IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY N	0. 17. 18 Mr	s. Fanni	e A. E.	itch (1	Mife) Ra	ilroad	Ave.	
IB. CAUSE	OF DEAT	H [Enter only one co	ouse per line	e for (o), (b), and (o	:).]	4 4		0			INTERVA	AL BETWEEN
	T I. DEAT	H WAS CAUSED BY:	. (0	rellag	1 1	Hell	CZZ	1/ 01	rP		ONSET	AND DEATH
2~ 1	X	DUE TO		4	7	Λ	1					10
Condition	ns, if an	y, which) (b	, q	1 M110	UD C	lend	SIA					
gove ris	e te im	mediate (1	
couse (a), lying cous		le <u>Under-</u>										
PART OF YOUR ACCID OR CONTRI	r II. OTHE	R SIGNIFICANT CON		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION G	IVEN IN PART	PI	VAS AUTOPSY ERFORMED?
	ENT WAS BUTING E NOTIFY M	UNDERLYING TO CAUSE OF DEATH SEDICAL EXAMINER)	206 DESC	RIBE HOW INJURY	OCCURRED	. (Enter nature o	of injury in i	Port t or Port	If of item 18.)			
	F INJURY G. 51. p. m.	Month, Day, Yes	While	Not while of work	20e. PLA foct	CE OF INJURY (tory, street, office	Home, form e bldg , etc	, 20f. (City	or town)	(C	ounly)	(Stote)
21. I cor	tify_tha	it I attemded the	decease	ed from bul	VIIII.	1 4 1956	. to [dey	44 195)	that I I	ast saw	the decease
olive on	72	Mulu	. 19 6		at death	occurred ot	6:15	AM from				
	~01	01'		1 1					reet, city or low		e date s	, DAJE SIGNE
ACTUAL	90	Mull	411	e rich	A	A.D				Octob	er 6	W 1956
PHYSICIAN NAME (Typ		or. Willia					ebron,	Mary)				differently why they have have one approximation up, a
220. BURIAL, CR REMOVAL BURI	(Specify)	Oct.	1956	22c. NAME OF CE		CREMATORY emetery			ION (City, town, 91a Spri			(State)
23. FUNERAL DI	RECTOR'S	SIGNATURE		ADDRESS			24a. REC'	D BY REGIST	AR 2 246. REG	ISTRAR'S SIG	NATURE	STEL.
HOLLOWA	Y &	COMPANY FU	MERAL	HOME - S	SALISE	BURY MD.		9 1	200	3	1 /	7 ,



ESAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10786 CERTIFICATE OF DEATH

337 Reg. Dist. No.

4					
	1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEASE	D «
1	COUNTY WICOMICE	MARYLAND	STATE Mary	and county	
,	CITY (If outside corporate limits, write RURAL LE OR and give nearest town)	NGTH OF STAY (in this plece),	OR M	e limits, write RURAL and give nee	rest fown)
	TOWN Salispura	4. Kudi	TOWN POCO	moke	
	HOSPITAL OR (NSTITUTION OR)		STREET ADDRESS	(If rural giva location)	
	STREET ADDRESS / Eningula Hener	-a/	1.0.	1504 53	
	3. NAME OF (First) (Middle DECEASED	0)	(Lasi)	4. DATE (Month)	(Day) (Year)
	(Type or Pdni) E/T&T		ope	DEATH /6_	14 19 56
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE	D. B. DATE OF	BARTH 9.	AGE lest birthdey IF UNDER	Deys Hours Min.
	M White (Specify) Marrie	Ed Jury	1,2,5-1906	30 уп.	70075
	10e. USUAL OCCUPATION (Give kind of work done during worst of working life, even if OR INDU		II. BIRTHPLACE (State or foreign	country) 12	COUNTRY?
	reflied DAWER LUMB	ERMILA	YIRAINI	A	USA_
	13. FATHER'S NAME	•	14. MOTHER'S MAIDEN NA	IME	
	WALLIAM H HOPE	-	OETA	VI TULL	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yas, no, or unk.) (If Yas, give wer or detes of service)	CIAL SECURITY NO.	17. INFORMANT & AD	DRESS	-
1	(1927, 160 or pure) In 1827 May was of galace of Safatea	-09-565	9 has GR	ACE C. NO	PE_
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	S. MEDICAL CER	TIFICATION	POCUMO	ONSET AND DEATH
	CO	no acial	Di O in DA	lua »	10-RAULA
	ANTECEDENT CAUSE(S) DUE TO				
	DISEASES OR CONDITIONS, IF ANY, (B)				
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF O	PERATION			20. AUTOPSY?
					YES NO NO
	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, fart OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office I		c. WHERE DID INJURY OCCUR?	(City or town) (Cost	nly) (Stata) 1
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a, INJU	RY OCCURRED 2	If. HOW DID INJURY OCCUR?		
	M, at work	Not while			
	22. I hereby certify that I attended the deceased		10 to /0/	25/ 1057 short	last saw the deceased
,	alive on 10-24., 19.51, and that				
10M	SIGNATURE	dealli occurred al		(Sireat, city, town, state)	DATE SIGNED
	152,060 1 Q 19abo it	M.D.	Salosk	elle, Md.	13-25-51
1.55		AME OF CEMETERY OR	REMIATORY	JOCATION City, town, or county	(State)
ž l	Burial 10/26/54 P	Daplest	Emeline &	vermole	· mal
S	244 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	41.	25 FUNERAL DIRECTOR'S SH	SHATURE)	ADDRESS
	now the same of th	Tottoway.	Dannight.	Wasson .	Vocemoti-1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours, effer death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

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A. N. W. UALTON

10-24 56 (1)

251 6-, 100 15/15/2018/ MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. X.

9961 81 100

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10788 CERTIFICATE OF DEATH

10797

	Item 11, See: Birth	h Cert.	Reg. Dist. N	Vo. 2. 2
1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECRASED	
COUNTY WICOMICO	MARYLAND	STATE MATRISIAN		omico
CITY (if outside corporate limits, write RURAL OR and give negret town)	(in this place)	CITY (if outside corporate fit OR	mits, write RURAL and give neerest	town)
TOWN SALISDURY		TOWN FR	LIL AND	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give location)	
STREET ADDRESSENINGULA GE	LERAL HOSPITAL	130	x256	
3. NAME OF (First) DECEASED	(Middle)*	(Last)	OF _ /	ay) (Year)
(Type or Print)		Jones	DEATH OFTODER	20 193 (
RACE , WID	GLE, MARRIED, 8. DATE DOWED, DIVORCED,	OF BIRTH 9. A	GE lest birthday IF UNDER 1 YE	EAR IF UNDER 24 HR Big Hours Min.
MALE WOLDKER	ocity),	-/2-56	уп,	2
10a, USUAL OCCUPATION (Give kind of work done during most of working life, evan if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slete or foreign co		CITIZEN OF WHAT
retired)		Salisbury		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
			TILDA WILL	AM5
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unk.) (If Yes, give wer or detes of serv		17. INFORMANT & ADDRE	55	
			<u> </u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	RTIFICATION		ENTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (A)	Introventrica	lar Hemorko	ري	
ANTECEDENT CAUSE(S) DUE TO	(1)	r + +n	10	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Temorrhage	distant of the	11 switch	
STATING UNDERLYING CAUSE LAST, DUE TO	Premiti	t.,		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G C	0		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Meconium	delina		
190. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
216, ACCIDENT WAS UNDERLYING 216, PL	LACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (C	ity or fown) (County)	(Slata)
OR CONTRIBUTING CAUSE OF DEATH OF INJU	JRY street, office bldg., etc.)	·		
21d. TIME OF INJURY (Month) (Day) (Year) (H	lour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?		
	M. at work al work			
22. I hereby certify that I attended				
alive on 10/20, 19.50	, and that death occurred a			bove.
SIGNATURE	M	O A A	S (Street, city, town, stele)	DATE SIGNE
23. BURIAL, CREMATION, DATE THEREO	M.D. F DNAME OF CEMETERY OF	CREMATORY MIGH	CATION (City, town, or county)	0/2/56 (Steta)
REMOVAL (SPECIFY)			, , , , , , , , , , , , , , , , , , ,	, 1
24. REC'D BY REGISTRAR REGISTRAR'S	SIGNATURE A	25. FUNERAL DIRECTOR'S SIGNA	ATURE 1) ADD	PRESS
10/24/-/ May		no in all	Daniel	

99FI . 10:

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
* g=		10812 CERTIFICATE OF DEATH Reg. Dist. No. 10798
i. Page I directo filed wi	_	1. PLACE OF DEATH a./CQUINTY- b. COUNTY- b.
funeral funeral	X	b. CTY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) RURAL old give nearest-lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)
by the	00	d. NAME OF HOSPITAL (Inot in hospital, give street address) or Institution d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO BY
n 24 ho iilled in es I an		3. NAME OF DECEASED (Type or print) Wateria Middle Last 4. DATE OF DEATH 1956
d within		5. SEX 6. COLOR OR RACE 7. MARRIED 18 DATE OF BIRTH 9. AGE [n years lost proday] 15 UNDER 1 YEAR IF UNDER 24 HRS. 17 18 86 18 UNDER 1 YEAR IF UNDER 24 HRS. 18 UNDER 24 HRS. 18 UNDER 24 HRS. 18 UNDER 24 HRS. 18 UNDER 25 HOURS 18 UNDER 25 HOURS 18 UNDER 26 HRS. 18
and camp ban papel	X	100. USUAL OCCUPATION (Give kind of work done during months working life, eyen of relired) 10 KIND OF BUSINESS OR INJUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
ate be cian au corbo	(1)	13. FATHER'S NAME Charles Jenkins 14 MOTHER'S MAIDEN NAME TO Charles Jenkins Warrest Thes
certificand physical	2	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO 17. INFORMANT (17 year, give wor or dors of service) 2/3-1/4-1/95
attendi n pleas t within		18. CAUSE OF DEATH [En'er only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OPERA OF DEATH ONSET AMO DEATH
quires that the initial dispense that the permit. The in any even		Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying couse fost. DUE TO DUE TO Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying couse fost.
shysicians shysicians shown is been is al-transil		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The		20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
al ar att his certi use as emotian,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not work at wo
by the haspite CTOR: After to detached for to burial, cr		27. I certify that I attended the deceased from 17 Sept., 1947, to 3 10c to 100, 195 (athat I last saw the deceased alive on 31 Oc (1400), 1950, and that death occurred at (15 PM), from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
AT DIRE		PHYSICIAN'S RICHARD + SAUNCER NANTICAKE MY
may be r FUNER/ page 3 st		220 BURIAL CREMATION, 22b. DATE THEREOF 22c., NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Igwn, or county) (State)
VS A15 (4)	4.0	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
15M 9/55	K DM	DATE /1-3-30 1/1/1/24 W. Ifittedu

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OCT 18 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. Z.

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	MARTLAND STATE DEPART	MENT OF HEALTH—DALIIMOKE, 18	QH2
7 35	10790 CERTIFIC	CATE OF DEATH Reg. Dist. No.	00033
de crow	1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before	admission)
Pa dire	o. COUNTY Wicomico MARYLAND	o. STATE Maryland b. COUNTY Wicomic	
off.	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b		
a a a a	RURAL and give nearest town)		
oult out	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	Nanticoke d. STREET ADDRESS	IC OCCUPANCE
E = 5	OR INSTITUTION		IS RESIDENCE ON A FARM?
of b	Peninsula General Hospital		YES NO
To Class	3. NAME OF . First Middle DECEASED	Lost 4. DATE Month Day	Yeor
2 8 2	(Type or print) Robert Grant	Nutter DEATH October 23	1956
Poge fi	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years of UNDER) YEAR II lost birthday) Months Drive	
i lete	Male Colored WIDOWED DIVORCED	October 4. 1956 lost birthday) Months Days	Hours Min.
uter.	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR IND		WHAT COUNTRY
× × × × × × × × × × × × × × × × × × ×	during most of working life, even if retired)	Maryland U.S.	
685	13. FATHER'S NAME	Maryland U.S.	
of a signal of the signal of t	Grant Waters	Constance Nutter	
of the first	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117	INFORMANT Address	0
ng p	Yes, no, or unkingmos) [If yes, gave wor or dates of service)	Drank Maters, Hanliet	se mi
eath endi leas thin	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTER	VAL BETWEEN
W The d	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Failure.	AND DEATH
The The	76-2.0 DUE TO	3	W
t by	Conditions, if any, which) (b) Ocute B.	manchialetin 1	cla.
D E G	gove rise to immediate		
si og – d	cotse (o), stoling the under-		,
cio ansi	, ()	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19	WAS AUTOPSY
hysi hysi val,	E ('+ 0 1/ + D'		PERFORMED?
The Portion	Concentral Heart Disease (RED (Enter notice of injury in Port) or Port II of item 18.)	ES NO
AN: endin	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY CONTRIBUTIONS UNDERLYING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	KED (Enter notice of injury in FORT is OF FORT is OF ISEM ED.)	
on, on,	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. 19 of work of work	PLACE OF INJURY tHome, farm, 20f. (City or lown) (County)	(State)
is of mathematical	Hour o. m. 19 While Not while of work of work	factory, street, office bldg., etc.)	,,
or the cree			
INC asp of f	21. I certify that I attended the deceased from 10/2	2 , 1956, to 10/23 , 1956 that I last saw	the decease
Sch A Puri	alive an 10 122 , 1966, and that deal	th accurred atM, from the causes and on the date	stated above
E # O # o	1'00' 0 100	ADDRESS (Street, city or town, state)	DATE SIGNE
A D D D D D D D D D D D D D D D D D D D	SIGNATURE William C. Morgan	_ M.D	
O iii			
AT Short short strong s	PHYSICIAN'S NAME (Type)		
e 3	220. BURIAL, CREMATION, 226. DATE THE PEOF 5/5 22. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
may pog pog he r	Burial October 25 Nanticoke		าดี
5 5 7=	23. FUNERAL DIRECTOR'S SIGNATURE 7 ADDRESS	240-REC'D, BY REGISTRAR 246. REGISTRAR'S SIGNATURE	. /
VS A15 (4) 15M 9/55	M. M. Maryla, Bivalve, Maryla	and ybate 29 1956 Mary For	tloway_
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10896MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where decemed lived. If institution: Residence before admission) n. COUNTY li comi co **b.** COUNTY Maryland MARYLAND Wordenter b. CITY OR TOWN I'll outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 4 hours Snow Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital YES NO NO 3. NAME OF Middle 4. DATE Month Year DECEASED OF Birthn DEATH (Type or print) Price 10-0 19 56 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IF UNDER TYEAR 5. SEX 9. AGE Iln years IF UNDER 24 HRS. WIDOWED D DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111 durant post of working life; even if retired) SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME Pages Page EVER IN U. S. ARMED FORCES? 14-30 CIAL SECURITY NO. 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 4 hours Poripheral circulatory failure IMMEDIATE CAUSE (o) DUE TO Multiple combound fractures 4 hours Conditions, if any, which) gove rise to immediate cause DHE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS PERFORMED? NO TX 20d. EXTERNAL CAUSE WAS PRIMARY Day or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) Driving car involved in a two car collision. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) 5 dat work at work Rewark Wordester lide . 21. 1 certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry 17, and find that to the Chief DIRECTOR: death resulted from: Natural causes . Accident K. Suicide . Homicide . Undetermined cause . DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL 1 ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER L. Royer, ... D. 10-9-56 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERYLOR CREMATORY 22d. LOCATION (City. Joh , (Shote) 0 FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) -5M 9/55

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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10814 CERTIFICATE OF DEATH

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rane.	P1911	£40	6	3		

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED
COUNTY Wicomico	MARYLAND	stallarylan	d county Wi	comico
CITY (If outside corporale limits, write RURAL LENGTH OF STAY		CITY (if outside corpora	ate fimits, write RURAL and give	
Mardela Springs	(in this place) 70 Vrs	OR TOWN Man	dela Spring	Q
HOSPITAL OR	10 320	STREET	(Il rural giva locatio	
INSTITUTION OR STREET ADDRESS Main Street		ADDRESS	n Strent	*
	Aiddle)	(Last)	n Street	(Dev) (Yeer)
DECEASED			OF	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED	Rus:		000.	16 1956 DER 1 YEAR 11F UNDER 24 HRS.
RACE WIDOWED, DIVO	ORCED,		Month:	
Male White Wittbwed		11,1877	79 yrs.	
done during most of working life, even if OR I	NDUSTRY	11. BIRTHPLACE (Steta or loreig	n country)	12. CITIZEN OF WHAT COUNTRY?
***Retired Farmer Fa	arm	Wicomico Co		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Algeon Russell		Arcadia G	ravenor	
	SOCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS	
(Yas, no, or unk.) (If Yas, giva wer or deles of service)	None	Frank Rus	sell, Easton	. Md.
	18. MEDICAL CER	TIFICATION	Join, Labour	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHY	0 2 4	Flourd	acute)	ONSET AND DEATH
IMMEDIATE CAUSE (A)	who were	1 caewa	000001	Proces
ANTECEDENT CAUSE(S) DUE TO	vui no	100 and 15	7	1/esema
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	7000	y o cara		674.1
STATING UNDERLYING CAUSE LAST. DUE TO	ovic 19	pelrits		Tyear
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				•
196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off (IF EITHER, NOTIFY MEDICAL EXAMINER)		Ic. WHERE DID INJURY OCCUR	(City or town)	punty) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. I		PIF. HOW DID INJURY OCCUR	}	
White et wor		in a few to a be	-/4 -	
22. I hereby certify that I attended the deceas	ed from Lug 31	19 6, 1000	19 6 that	I last saw the deceased
alive on 15 19 6 and 1	hat death occurred at	M. from the ca	uses and on the date sta	ated above.
BIGNAYUNG	41		ESS (Street, city, lown, state)	DATE SIGNED
16 (Holling - go)	M.D.		v 4. 6.	
23. BURIAL, CREMATION, CALE THEREOF	NAME OF CEMETERY OR	CREMARROY	LOCATION (City, town, or cou-	nty) (State)
Burial 10-18-56	Mardela		Mardela Spr	ings. Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1/ 1	25. FUNERAL DIRECTOR'S S	GNATURE	ADDRESS'
DATE Thank I have the	Holloway	Okarto B	Mis sail Sit	itur In



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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is no executed	cute the cert. (), writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	H.	N. S.
V	0	. 44	ECI
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VS. A15ME(\$)

PLACE OF DEATH		100			ution; Residence before admission)
	comico	MARYLAND	1,001		M Norcester
b. CITY OR TOWN (II	outside corporate limits, write BURAL	c. LENGTH OF STAY IN 15		If outside corporate limits, write	RURAL and give nearest town]
Saliabury		37 hours		Martens	
	a Corporal Hosp		d. STREET ADDRESS		IS RESIDENC OUA FARM YES TO NO [
NAME OF DECEASED	First	Middle	Last	4. DATE Month	h Day Year
(Type or print)	Ctis	EDWARD	Smi th	DEATH 10-	29- 19 56
SEX	6. COLOR OF RACE 7. MA	RRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years lost berthday)	IF UNDER TYEAR IF UNDER 24 HR
M	W WIDO	WED DIVORCED .	SEPT. 15,1	1904 52 m	Months Days Hours Min.
on USUAL OCCUPATION during most of working	IN (Give kind of work done 10	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote	e or foreign country)	12. CITIZEN OF WHAT COUNTS
NUPSERV	CHPLAYED	NURSERV	MILL	ARD MD	U.S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
ERN	EST SMIT	t+t	ROSIE	MORRIS.	
5. WAS DECEASED EV	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
res, no, or unknown)	(If yes, give wor or dates of service)	N.	10 PALAN	ID SMITH 1	BERLIN, MI
18. CAUSE OF DEA	H Enter only one cause per I	ine for (a), (b), and (c),]			
PART I, DEAT	I THE STREET WA		OEd 1.	- 1 D	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0)	Lird degree bur			
			220 02 000	buy burrace	37 hours
	DUE TO		220 02 ///0 00	Juy Burrace)/ nours
Conditions, If a	ry, which) [b]			ouy burrace)/ nours
gave rise to immed	ny, which {b}			Juy Burrace)/ nours
gave rise to immed (a), stating the s couse last.	iote couse fb] fb] OUE TO (c)				
gave rise to immed (o), stating the s couse lost.	iote couse fb] fb] OUE TO (c)	S CONTRIBUTING TO DEATH BUT N			VEN IN PART I(d) 19 WAS AUTOPS)
gave rise to immed (o), stating the s couse lost.	iote couse fb] fb] OUE TO (c)	S CONTRIBUTING TO DEATH BUT N			
gave rise to immed (o), stating the s couse lost.	ty, which to the course of the	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	kinaldisease condition Giv	YEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
gove rise to immedial, storing the course lost. PART II. OTP 20g. EXTERNAL CAL PRIMARY 1 or CAP CAUSE OF DEATH.	interpring DUE TO ER SIGNIFICANT CONDITIONS SE WAS TRIBUTING D	RIBE HOW INJURY OCCURRED. (E	OT RELATED TO THE TERM	SINAL DISEASE CONDITION GIV	YEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
gove rise to immed (o), stoting the scouse lost. PART II, OTP 20c. EXTERNAL CAL PRIMARY ☐ or COL CAUSE OF DEATH. 20c. TIME OF INJUI	interpretation (b) ER SIGNIFICANT CONDITIONS SE WAS ITRIBUTING 20b. DESC	RIBE HOW INJURY OCCURRED. (E	ot related to the term ther noture of injury in Poi cu lt fir	SINAL DISEASE CONDITION GIV It I or Port II of Item 18.) Go To I 205. (City or town)	YEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
gove rise to immed (o), stoting the scouse lost. PART II, OTP 20c. EXTERNAL CAL PRIMARY ☐ or COL CAUSE OF DEATH. 20c. TIME OF INJUI	ty, which liote couse onderlying DUE TO (c) ER SIGNIFICANT CONDITIONS SE WAS TRIBUTING DESCRIPTION DESCRIPTION DUE TO (C) WHICH TO THE CONDITION DESCRIPTION DUE TO (C) WHICH TO THE COURS DUE TO (C) WHICH TO THE C	ribe HOW INJURY OCCURRED. (6) rined whon in Collect id, INJURY OCCURRED 206. PLAC /hile Not while/	ot related to the term of noture of injury in Por 1 CEU lit fir E OF INJURY (Home, farr ry, street, office bldg., etc.	AINAL DISEASE CONDITION GIV of 1 or Port II of item 18.) G • m, 20f. (City or town)	VEN IN PART I(a) 19 WAS AUTOPS PERFORMED? YES NO (County) (Stota)
PART II. OTP	ty, which to the course of the	ribe how injury occurred. (6) rined when it is coller id, injury occurred 20-, place foote work of work Home	of related to the term of noture of injury in Por 1 CEU lit fir CE OF INJURY (Home, farry, street, office bidg., etc.)	of the Port II of item 18.) Go. m. 20f. (City or town) S. Martens	(County) (Stote)
gave rise to immed (o), storing the scouse lost. PART II, OTHER PRIMARY ☐ or CONCAUSE OF DEATH. 20c. TIME OF INJUING Hour a.m. 7: ○ plm. 21. 1 certify it	SE WAS TRIBUTING DE TO BUT Y Month, Day, Year 10-23-569 at 1 taak charge of the	RIBE HOW INJURY OCCURRED. (EITHER 1990). PLACE THE MORE HOME OF WORK HOME OF THE PROPERTY OF T	nter noture of injury in Port of the TERN of the CEU of Industry (Home, farry, street, office bldg., etc.)	that Disease condition Gives to for Port II of item 18.) 6. m. 20f. (City or town) S Martens sy n. Inspection X	(County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote)
gove rise to immed (o), storing the scouse lost. PART II, OTHER STREET CALE PRIMARY ☐ or CALE OF DEATH. 20c. TIME OF INJUITED TO PART. 21. I certify it	ty, which to the course of the	RIBE HOW INJURY OCCURRED. (EITHER 1990). PLACE THE MORE HOME OF WORK HOME OF THE PROPERTY OF T	of related to the term of noture of injury in Por 1 CEU lit fir CE OF INJURY (Home, farry, street, office bidg., etc.)	that Disease condition Gives to for Port II of item 18.) 6. m. 20f. (City or town) S Martens sy n. Inspection X	(County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote)
pare rise to immedia, storing the scouse lost. PART II, OTHER STREET CALE PRIMARY Der CALE OF DEATH. 20c. TIME OF INJUINATION OF INJUINATIO	SE WAS TRIBUTING DE TO BUT Y Month, Day, Year 10-23-569 at 1 taak charge of the	RIBE HOW INJURY OCCURRED. (EITHER 1990). PLACE THE MORE HOME OF WORK HOME OF THE PROPERTY OF T	ot related to the term ther noture of injury in Por CE OF INJURY (Home, farr ry, street, office bldg., etc.) ve, held an Autaps cide [], Hamicide	that of Port II of Item 18.) G. T. 20f. (City or town) S. Martens Sy , Inspection Z. C. Undetermined C.	(County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote)
PART II. OTP	SE WAS TRIBUTING DE TO BUT Y Month, Day, Year 10-23-569 at 1 taak charge of the	RIBE HOW INJURY OCCURRED. (EITher to the control of work Home remains described above the control of the contro	nter noture of injury in Port of the TERN of the CEU of Industry (Home, farry, street, office bldg., etc.)	that of Port II of Item 18.) G. T. 20f. (City or town) S. Martens Sy , Inspection Z. C. Undetermined C.	(County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote)
gove rise to immed (o), stoting the account lost. PART II, OTHER THANK CALE PRIMARY II or CONCAUSE OF DEATH. 20c. TIME OF INJUIN THANK CALE PRIMARY II or CONCAUSE OF DEATH. 21. I certify the death resulted ACTUAL SIGNATURE	SE WAS TRIBUTING DE TO BUT Y Month, Day, Year 10-23-569 at 1 taak charge of the	RIBE HOW INJURY OCCURRED. (EITher to the control of work Home remains described above the control of the contro	nter noture of injury in Port of the TERM of the firm of the property, street, office bldg., etc.) ve, held an Autapscide , Hamicide , Chief Medical of the process of the	to Port II of item 18.) G. S. Martens Sy . Inspection Undetermined c	(County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote)
gave rise to immed (o), storing the scouse lost. PART II, OTP- TOO. EXTERNAL CAL PRIMARY IN COUNTY OF INJUING THE CAUSE OF DEATH. 20c. TIME OF INJUING Hour a.m. 7:	SE WAS TRIBUTING DE TO BUT Y Month, Day, Year 10-23-569 at 1 taak charge of the	RIBE HOW INJURY OCCURRED. (E. 1904) 1/11 Coller Ind. INJURY OCCURRED OF PLACE Factor work of work Home remains described about the property of	nter noture of injury in Port CE OF INJURY (Home, farry, street, office bldg., etc.) ve, held an Autaps cide , Hamicide _M.D. CHIEF MEDICAL E	anal Disease Condition GIV of 1 or Port II of item 18.) G. m. 20f. (City or town) S. Martens sy, Inspection [X], e, Undetermined conditions XAMINER CAL EXAMINER	(County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote)
gave rise to immed [0], stoting the account lost. PART II, OTHER TO FINISH HOUR A.M. 20c. TIME OF INJUING THE COLUMN ACTUAL SIGNATURE NAME (Type) 20. BURIAL CREMATIO	SE WAS TRIBUTING DESCRIPTIONS When the Day Year 10-23-569 at 1 taak charge of the from: Natural causes	RIBE HOW INJURY OCCURRED. (E. med when tri believed the place of work	nter noture of injury in Port of the TERM	anal Disease Condition GIV of 1 or Port II of item 18.) G. m. 20f. (City or town) S. Martens sy, Inspection [X], e, Undetermined conditions XAMINER CAL EXAMINER	(County) (Stote) Norcestor I.d. Inquiry [], and find the cause [].
gove rise to immed to storing the scouse lost. PART II, OTP 200. EXTERIOR CAL CAL PRIMARY 13 or COT COT CAUSE OF DEATH. 200. TIME OF INJUIT Hour a.m. 7: 0 pam. 21. 1 certify the death resulted ACTUAL SIGNATURE NAME (Type)	Ty Month, Day, Year 20 Month, Day, Year 10-23-569 of the from: Natural causes the Reverse No. 122-123-124 Description of the Reverse No. 122-124 Description of the Reverse No	RIBE HOW INJURY OCCURRED. (E. med when tri believed force force work of work Home). Suice force is a second force remains described above.	ot related to the term ther noture of injury in Port CEU 1t fir E OF INJURY (Home, farriry, street, office bldg., etc.) ve, held an Autaps cide, Hamicide M.D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL	AINAL DISEASE CONDITION GIVE ort 1 or Port II of item 18.) ort 2 ort 1	(County) (Stote) Norcestor I.d. Inquiry [], and find the cause [].
gove rise to immed (o), storing the course lost. PART II, OTHER PRIMARY IN OF CONCAUSE OF DEATH. 20c. TIME OF INJUIT Hour a.m. 7: 0 plan. 21. 1 certify the death resulted ACTUAL SIGNATURE NAME (Type)	Ty Month, Day, Year 20 Month, Day, Year 10-23-569 at I taak charge of the from. Natural causes. Darl L. Royer, N. 122b. DATE THEREOF	RIBE HOW INJURY OCCURRED. (EINDER 1990). PLACE INJURY OCCURRED. 1990. PLACE INJURY OCCURRED. 1990. PLACE INJURY OF WORK INJURY OF WORK INJURY OCCURRED. 1990. PLACE INJURY OCCURRED. 1990. PLACE INJURY OF WORK INJURY OCCURRED. 1990. PLACE INJURY OCCU	ot related to the term of related to the term of related to the term of related to the term of relate	AINAL DISEASE CONDITION GIVE To 1 or Port II of item 18.) G. m. 20f. (City or town) S. Martens Sy Inspection CAL EXAMINER EXAMINER EXAMINER 226. LOCATION (City, town, or compared to the compare	(County) (Stote) (County) (Stote) (County) (Stote)

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TO HOSPIT TO FUNER

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
10797 CERTIFICATE OF DEATH

10812 Reg. Dist. No.

Ī	PLACE OF DEATH o. COUNTY	Wicomico		MARYL	AND	A STATE	rylan		d lived. If institut b. COUNTY		_		city
	b. CITY OR TOWN (IF RURAL and give ne	outside carporote limi	s, write	c. LENGTH OF STAY II					rote limits, write I	_	ive near	est town)
·	Sali	sbury		2 mo.7 das	3.			re o,	Marylan	d	2	3 >	
	OR INSTITUTION	Al (If not in hospital, g Head State				d. STREET A		mrock	Avenue		e		FARM?
3.	NAME OF DECEASED (Type or print)	Fir Mar		Middle	S	Starkman		4. DATE OF DEATH	Mai	nth t.	22 Day		10 56
5.	sex Female	6. COLOR OR RACE White	7. MARS	NEVER MARRIED DIVORCED		Sept. 1		54	9. AGE (In years last birthday) 92 yrs.	IF UNDER	1 YEAR I	Haurs	R 24 HRS Min.
10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSEWILE 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) U.S. A.						COUNTRY							
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Christ	ian Pfeiff	er				Marie	Pfei	ffer				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress			Md.
	Unk.	If yes, give wor or dotes of s	kaidel			Hospita:	l Reco	ords	Deer's H	ead Ho	s.,	Sali	
Z	Conditions, if an gave rise to in couse (a), stoling t lying cause last.	he <u>under-</u>		Acute myo	lero	otic care	diovas	scular				?	lays
CATIO	120.00	LK SIGITII CONT	JIIIO143 <u>-</u>		11,001	HOT KLONED TO	THE TERMIN	AWT DIREVO	CONDITION GI	FEIN IN PAKE		PERFO	RMED?
CERTIFICATION		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED). (Enter nature of	f injury in P	ort I or Part	Il of item 18.)				
MEDICAL		Month, Day, Yes	White at wor	k at wark	foc	CE OF INJURY (fory, street, office	bldg., etc.				ounty)		(State)
	21. I certify the alive on Oct ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		- 12	od from. Aug 56, and that o	death	14, 19 56 accurred at	4:10/	M, fran	the couses of reet, city or town, Maryla	and on th	ost sov e date	state	deceased d above. TE SIGNED 2/56
22	o. BURIAL, CREMATION REMOVAL (Specify) BULL a	10-25-56	F	22c. NAME OF CEMEN	ERY OF				ion (City, town, Imore, #			(State	r)
23.	FUNERAL DIRECTOR'S	SIGNATURE	4	ADDRESS	St.F	Paul St	24a. REC'D	BY REGIST	1916 245. 94G1	STRAR'S SIG	NATURE	Your	211

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BUREAU V. S.

9961 1 a 10c

After this

CERTIFICATE OF DEATH 10813

Reg. Dist. No.

1, PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	D
COUNTY Wicemice	MARYLAND	MARYLAND STATE Maryland county Wich		
CITY (If outs'de corporete limits, write RURAL	LENGTH OF STAY	CITY (Il outside corpor	erest town)	
OR end give neerest town) TOWN Allen	(in this place)	OR	Rural	
HOSPITAL OR	All life	STREET	(If rural give location)	
INSTITUTION OR	Ma	ADDRESS		
200 20000 2007 7 0 11		Eden		Bex 50
3. NAME OF (First) DECEASED	(Middle)	(Lesi)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Letha 0	tina	Thempsen	DEATH 10 -	23 - 19 56
S. SEX 6. COLOR OR 7. SINGLE, MARR RACE WIDOWED, DI	ED, 8. DATE	OF BIRTH 9		R 1 YEAR IF UNDER 24 HRS.
40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		24-56	yrs. Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KII	ND OF BUSINESS	11. BIRTHPLACE (State or foreig		2. CITIZEN OF WHAT
and the second s	INDUSTRY			COUNTRY?
13. FATHER'S NAME	Baby	P. G. HOSPITEL	, Salisbury, Md.	Baby
Levi C. Thempson			hine E. Leatherl	bury
	. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS Eden. Md.	Rt. #2 Box 50
(Yes, no, or unk.) (If Yes, give wer or detes of service)	VOISC	Mrs. Joseph	hine E. Thompson	**
	18. MEDICAL CE		TARLY ME THAMBONY	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	D	,		ONSET AND DEATH
MMEDIATE CAUSE (A)	Enklered	TV.a		
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
19a, DATE OF OPERATION 19b, MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,	a, ferm, tectory, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town) (Cou	nly) (Stale)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	INDIAN O CONTROL	SW HOW AIR ALREY OCCUP	9	
Wh		21f. HOW DID INJURY OCCUR	ſ	
M. let w			· · · · · · · · · · · · · · · · · · ·	
22. I hereby certify that I attended the dece	ased from Laft 2	1-, 19 56, to 10	-27, 19. S.Co, that I	last saw the deceased
alive on 10-22, 1955, and	that death occurred a	1 2 AM, from the ca	suses and on the date state	ad above.
SIGNATURE 2 TO 7	1-6-	ADDR	ESS (Street, city, town, slete)	, DATE SIGNED
1/1/ 1/2 /0/20	Mh M.D.	2. Med. Con	tea Sky n	1A 10-24.2
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, Idwn, or count	
Burial 10-24-56	Allen Cem	eterv	Allen, Wicemica	Co. Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	4/	25. FUNERAL DIRECTOR'S S	Allen, Wicomico	ADDRESS
WE IT DO DES James of	Alettanan.		t Funeral Warra	

dear conficate be executed within 24 hours after death. INSTRUCTIONS The law requires that the

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. A certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician. ATTENDING PHYSICIAN OR HOSPITAL

A15C 1-55 10M

S

BULLIS 1957

>

23. FUNERAL DIRECTOR'S SIGNATURE

V5 A15 (4) 15M 9/55

10816

B. IS RESIDENCE ON A FARM?

YES NOT

Year

19 56

Reg. Dist. No. 332

comico

Day

19

WIDOWED DIVORCED	8/3/1886/	71 yrs.	2 16 "	lours Min.
ork done 10b KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or fore	ign country)	12 CITIZEN OF V	VHAT COUNTRY?
Commercial	Nanticoke	, Maryland	U.S	5.
	14. MOTHER'S MAIDEN NAME			
urner		Robertson	1	
ORCES? 16. SOCIAL SECURITY NO. 17. INF		Addre		
- 220-09-169 0 N	irs. Mae Turn	er, Salish	oury, M.d.	
e couse per line for (o), (b), and (c).)	1 1			AL BETWEEN AND DEATH
Eio Hujocardeal	Ji Karctu	ستريمه		3 Kus
70 0 //	7			/
16) Coldinary Clife	us Chrosis	-		
10				
(c)/				
ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	۶	WAS AUTOPSY PERFORMED?
TH RI	Enter nature of injury in Port 1 (or Port II of item 1B.)		
Year 20d. INJURY OCCURRED 20e. PLAC While Not while facto of work of work	E OF INJURY (Home, form, 20f. y, street, office bldg., etc.)	(City or town)	(County)	(State)
he deceased from.	, 19, to		that I last saw	the deceased
7., 12.5.6., and that death o				stated abave.
O Link O.		\$\$ (Street, city or town, st		DATE SIGNED
- 100 p. M.	224 N. Divi	sion St. Sa	llabury.	Md •
Hill Jr.				
REOF 22c. NAME OF CEMETERY OR	REMATORY 22d. I	OCATION (City, town, or	county)	(Stole)
56 Turner's Ce	em . N	anticoke.	Maryland	đ
ADDRESS	24a. REC'D BY R		RAR'S SIGNATURE	
Bivalve, Laryland	DATE 10/26	156 Mars	1 70 X.	I way
	7 7	1/	7	18
				V

FOREVE A. S.

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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10817

10800

CERTIFICATE OF DEATH

Reg. Dist. No....

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY WIRPMAND MARYLAND	STATE MO - COUNTY SOTHERSE
	CITY (If outside corporate limits, write RURAY OR and give nearest town) TOWN LENGTH OF STAY f(ingfals plate)	CITY (Moulside compreta limits, write RU(A) and give necrest town) OR TOWN
	HOSPITAL OR INSTITUTION OR PRINCIPLE STREET ADDRESS Penning Sulla General Andrew	STREET (If rural give location)
	3. NAME OF (First) (Middle) (Type or Print)	(Last) DEATH (D) (Day) (Year) DEATH (D) (Year)
,	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify), (Specify)	F BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 FIRS Months-Days "Hours Min.
);	10a. USUAL OCCUPATION (Give kind of work done during mass of working life, even if relifed) 10b. KIND OF BUSINESS OR INDUSTRY OR INDUSTRY Colored	11. BIRTHPLACE (State or foreign country) 12. CILIZEN OF WHAP COUNTRY
	13. PATHER'S NAME. HOMITON WALTERS	14 MOTHER'S MAIDEN NAME 14 TELISSA IN EBSTER.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, genormula) Iff Yas, give wer or dates of sarvice)	Mrs 7 Cossel Blivhowith
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (A) CELLULAL	Herorniaces lockerso,
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	
	19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO 6
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURRED While Not while at work 1	211. HOW DID INJURY OCCUR?
		19 5 to 10/20/, 19.5 that I last saw the deceased
<u>/</u>	alive on 19 20, and that death occurred at.	Sec. ADDRESS (Street, city, town, stelle) DATE SIGNED
2 10	Will R. ELOI, + M.D.	"Factor (111 1111 - 10-27-51
Aloc I-o	23. BURIAL, CREMATION, REMOVAN (SPECIFY). DATE HIEROF REMOVAN (SPECIFY). DATE HIEROF REMOVAN (SPECIFY). DATE HIEROF REMOVAN (SPECIFY).	Candera (City, lown, or county) (State)
24	24. BECD. BY REGISTRAR REGISTRAR'S SIGNATURE DATE DATE DATE	25. POMPRAIL DIRECTOR'S SIGNATURE SOLEN SO
	Mury or. coloway	

DEVISION SOUTH

the Chief I DIRECTOR: forwarde A DEMITY 0

VS. A15ME(5) 5M 9/55

DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] October 18 1956 M. D. NAME (Type) DT. DEPUTY MEDICAL EXAMINER Earl L. Royer 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (Slate) -REMOVAL (Specify) Burial Oct. 20.1956 Point Cemetery - Shad Point - R.D. # Salisbury. Hd 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR HOLLOWAY & COMPANY FUNERAL HOME - SALISBURY. MD.

Reg. Dist. No.

Wicomico

Day

IF UNDER TYEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🖂

NO X

(State)

US 🛦

16 th

(Countri

Inquiry .

Months

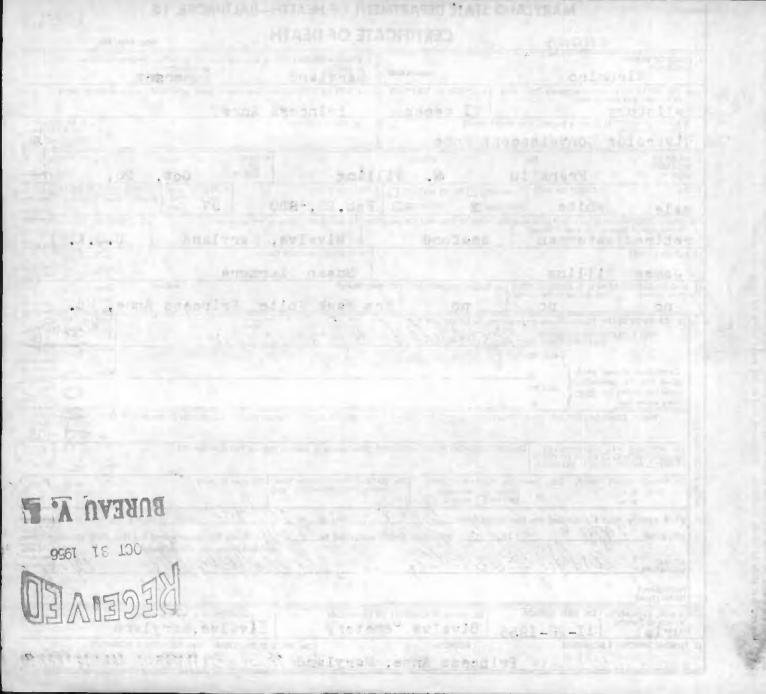
e. IS RES DENCE ON A FARM?

> 19 56

> > Min.

BUREAU Y.

OCT 19 1956



10803 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICOMICO MARYL	AND STATE IND COUNTY WORCESTER
CITY (If outside corporete limits, write RURAL LENGTH O	STAY CITY (If outside corporete fimits, write RURAL and give neerest town)
OR and give nearest lown) . (In this p	DAV TOWN BERLING
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR PANIAL DE CANCED	HOSOITAL ADDRESS RED. TAVLORVILLE
3. NAME OF (First) (Middle)	(lest) 4. DATE (Month) (Day) . (Yeer)
(Type or Print) ALICE GERTRU	DE WUALT DEATH OCTOBER 24 1956.
S. SEX 6, COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
F W. SpeciMIDOW	MAR. 10, 1872 84 yrs. Monries Days Hours
1De, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	S 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ME DNOWHILL, MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES TAYLOR.	SARAH WILLIAMS.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	JRITY NO. 17, INFORMANT & ADDRESS
(Yes, no, oc unk.) (If Yes, give ver or detes of service)	O MR JAMES KI WHATT BERUNN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	DICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
A 10.	in solvetie Hamit Dancon Vantenesser
IMMEDIATE CAUSE (A)	O WESCHARC HERECO CONSTRUCTOR CONTROL
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
STATING CHOEKETING CAGE LAST. (C)	
AT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT MAS INDEDIVING TO LONG MASS IN	YES NO
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, ferm, fector) OF INJURY street, office bidg., etc.	
	RRED 211. HOW DID INJURY OCCUR?
	, 19, to, 19, that I last saw the deceased
alive on 10-2, 4, 19.5, and that-death	
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
Willen Sellen to	M.O. Faliallie, Md 10-24-86
REMOVAL (SPECIFY)	CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
BURIAL 10/28/56 11	YLORVILLE POERLIN(KID) IND
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 10/26/26 Mari N. Holl	amay Thurs II. Burbage Dulin My
	VW

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. TO ATTENCING PHYSICIAN OR HOSPITAL: The law requires that the death cartificate be executed within 24 hours after death.

The bottom copy may be retained by the hospital or attending physician.

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HTARGREE OF DEATH

AND THE REST CONTRACTOR OF THE PERSON NAMED IN CO.

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BUREAU V. S.

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No. of Contrasts